Submit 3 Copies To Appropriate District				Form C-103 Revised March 25, 1999		
Office District I	Energy, Minerals an	Resources	WELL API NO.		7	
1625 N. French Dr., Hobbs, NM 87240			r maron	30-025-11718		
811 South First, Artesia, NM 87210	, Artesia, NM 87210 OIL CONSERVATION DIVISION			5. Indicate Type of Lease		
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 South Pacheco NM 87505			1	STATE FEE X		
District IV. 2040 South Pacheco, Santa Fe, NM 87505				6. State Oil & Ga	is Lease No.	
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	BACK TO A SUCH	7. Lease Name or Unit Agreement Name SOUTH JUSTIS UNIT "5"				
1. Type of Well: Oil Well ☑ Gas Well ☑ Other						
2. Name of Operator HENRY PETROLEUM LP				8. Well No. 21		
				9. Pool name or V	Vildeat	
3. Address of Operator 3525 ANDREWS HIGHWAY - SUITE 200 MIDLAND TX 79703-5000				JUSTIS-BLBLY-TUBB-DRINKARD		
4. Well Location						
Unit Letter L : 1980 feet from the SOUTH line and 990 feet from the WEST line						
Section 24	Township25-	-S Rai	nge 37-E	NMPM LEA	County NEW MEXIC	co
Section 24	10. Elevation (Show w					
3085' KB						
11. Check Appropriate Box to Indicate Nature of Notice NOTICE OF INTENTION TO:				SEQUENT RE	PORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	۱ 🗆	REMEDIAL WOR		ALTERING CASING	
	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND	
PULL OR ALTER CASING	MULTIPLE		CASING TEST A	ND 🗆	ABANDONMENT	
	COMPLETION					
OTHER:			OTHER:		' l l' artimotod d	loto
 Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion. FILE 103 AND RECEIVE APPROVAL TO PERFORM WORK. PULL PRODUCTION EQUIPMENT. RUN CIBP AND TUBING AND SET AT +- 4900' (TOP PERFORATION AT 4981') & CIRCULATE HOLE W/INHIBITED WATER. NOTIFY NMOCD AND RUN MIT TO 500 PSI SEND CHART OF SUCCESSFUL TEST TO ROY JOHNSON. LAY DOWN EQUIPMENT AND TA WELL. 						
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE SIGNATURE	Johnson	1	REGULATORY T		DATE 09/16/2003	2
Type or print nameREGULATO		-			ephone No. (915)694-	-3000
(This space for State use) ORIGI	NAL SIGNED BY	<u> </u>			(OFC 4	
GARY	W. WINK				SEP 1	8 2002
APPROVED BY OC FI Conditions of approval, if any:	ELD REPRESENTATIVE III	<u>/CTTFFLAB</u>	ANIAGER		DATE	`